Patient Education In Primary Care

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HELPING PATIENTS PREPARE FOR CLINICAL VISITS

Recently a set of patient education materials was field tested at three VA medical centers. The materials, Prepare To Be Partners, which include a 15-minute audiotape and a 34-page companion booklet, were developed by the Bayer Institute for Health Care Communication. The materials are intended to be used by patients in the waiting room just prior to an appointment with a clinician and are designed to prepare the patient to communicate effectively with the clinician during the visit. They are organized around the concept of physician-patient partnership and use the letters in the word "prepare" to outline the six steps in planning for a visit with a clinician:

Step 1–plan what you want to tell your doctor or learn from your doctor

Step 2–report what you want to talk about at the beginning of the visit and find out what the doctor wants to talk about

Step 3–exchange information with the doctor

Step 4–participate in discussing with your doctor the different ways of handling your health problems

Step 5–agree on a treatment plan with your doctor, one you can live with

Step 6–repeat to the doctor what you are going to be doing.

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WELCOME TO OUR RESOURCE FOR PATIENT EDUCATION AND PRIMARY CARE![1]

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers

c o n t e n t s

1. This publication may be duplicated. It is available on the VHA Primary Care website at http://www.va.gov/med/patientcare/primary/index.cfm/.

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Patients were overwhelmingly positive about the features of the audiotape and booklet. They thought the materials helped them organize their questions and gave them confidence in being able to express their questions to their doctors. The majority of patients reported that they used the information from the materials in their visits, that this made their communication better, and that they would use the materials again in the future, preferably at home, to prepare for visits with their doctors.

Among the patients who participated in this study, the large majority reported learning how important it is to prepare for a clinical visit, and how to present their concerns and questions in an organized way. Although some patients expressed surprise that they could ask about treatment choices, most of the study participants reported that they are actively involved in their treatment plans, but they usually follow whatever the doctor recommends. Companions who used the materials were equally positive about them.

Clinicians who participated in the study focus groups expressed appreciation for patients who come prepared to the clinical visit. They saw this preparation as an indication of patients' interest in their own health and willingness to participate in their treatment. Clinicians had positive reactions to lists of questions and concerns that patients bring to the visit. They reported that veteran patients, as a group, ask fewer questions and engage in less discussion about treatment options than do patients in other clinical settings. Several clinicians commented favorably on their interactions with patients who had brought the booklet into the visit; these clinicians thought the materials were good tools to foster communication with patients.

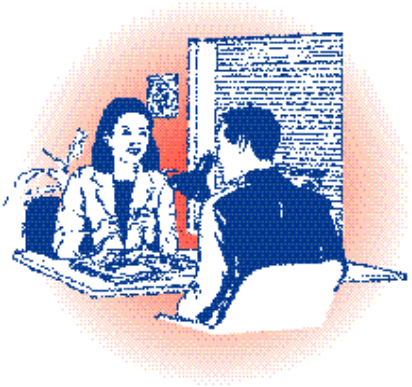
Testing of the materials was done in primary care/ambulatory care clinics at VA medical centers in Memphis, TN; Oklahoma City, OK; and Houston, TX. At each site, when patients arrived for their appointments, they were invited by facility staff to use the materials while waiting for their appointments. These staff observed and monitored the distribution of materials to patients using a standard observation form developed for this project. Immediately following the scheduled visit, individual patients were interviewed using a standard protocol developed to address the project objectives. A total of 75 patients used the materials; of these, 55 participated in post-visit interviews. On the second day of data collection at each site, a focus group was conducted with the clinicians who had seen the study patients. Thirty-four different clinicians saw the patients who participated in the study. Of these, 25 participated in the clinician focus groups. Patient interviews and focus groups were audiotaped. Data were collected between March and August, 2000.

Appropriateness of Materials

Patients commented that the tape and booklet were very beneficial to them. They learned new information and communication strategies, they developed new insights into their roles as patients, and they gained more confidence in asking questions during the clinical visit.

Only one patient reported any difficulty hearing the voices on the tape. Almost all patients reported that they found it easy to understand the physician on the tape. Most patients thought the instructions given to them on the tape were clear, but one-third of the patients at Memphis and almost one-fifth of the patients at Oklahoma City and Houston admitted some difficulty using the tape and booklet together. The large majority of patients thought the length of the tape was just right; none thought it was too short.

Only two patients reported any difficulty reading the booklet. No patients had difficulty understanding the words used in the booklet. As an additional indicator of reading comprehension, patients were



asked how they would interpret the booklet's use of the words "risks" and "side effects;" no patients had difficulty explaining these terms to the interviewers. All the patients at Oklahoma City and most of the patients at Memphis (78%) and Houston (91%) said there was enough space provided in the booklet to write down the things they wanted. Most patients thought the print size was just right, and most patients thought the length of the booklet was just right.

The mean time observed patients spent listening to the tapes ranged from 18.7 minutes at Houston to 18.9 minutes at Memphis to 22.9 minutes at Oklahoma City. Only three of these patients were unable to complete the tape before being called in to the clinician.

The large majority of patients at all sites kept all the materials they were given, returning only the tape player. Only 2 of the 55 patients returned everything.

Appropriateness of Content

Patients were asked how they felt about the idea of preparing ahead for a visit with the doctor. Forty percent of the patients responded that it was a great/good/smart idea, and another 22% thought it was very important.

Patients were asked for their reactions to the section of the materials that encouraged them to bring up things they might be worried or concerned about. Thirty-one

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percent of the patients responded that it's a good idea to encourage people to do that.

Patients were asked for their views about discussing treatment choices with their doctors. Twenty-seven percent thought it was a good idea, and another 13% thought it was very important. However, 15% of the patients were uncomfortable with this idea.

One-third of the patients reported that it was very important for them to be actively involved in choosing their treatment plans.

Patients were also asked about the recommendation in the materials to discuss their preferences with their doctors, especially if the patient and doctor had different opinions about the treatment plan. The majority of comments supported the idea of expressing personal preferences.

Usefulness of Intervention

Findings about the usefulness of the i ntervention to patients are displayed in Table 1. Only one-fourth of the patients at Memphis and Oklahoma City used the booklet during the visit with the doctor, while one-third of the patients at Houston reported using it. The reason most frequently given by patients for not using the booklet was that the material was fresh in their minds from just having reviewed the tape and booklet, so they didn't need to refer to it during the visit. Most patients said they didn't use the booklet but they used the information from it during the visit. Among those who reported using it, several commented that they shared their priority lists with their doctors who then discussed those items with them. Others reported that their physicians wrote in the medication chart for them. One patient said he was much more focused because of the booklet; he got out his most important questions first without just bringing everything up as it occurred to him. Another said he asked his questions earlier in the visit than previously, and a third referred to the booklet to make sure he had asked all his questions.

Table 1. Usefulness of Intervention

Item	Memphis	Oklahoma City	Houston
Used booklet during visit	25%	25%	25%
Communication different			
better	58%	75%	55%
worse	25%		9%
no change	17%	25%	36%
Use again for future visit	82%	71%	79%
Preferred location for use			
waiting area	18%	33%	12%
home	82%	67%	88%
Share with family member	75%	93%	85%
Recommend that VA give materials such as these to veterans	84%	89%	93%

These patients all reported that the materials made their communication with their doctors better. They noted that the physicians were positive toward the booklet and helpful in answering the patients' questions. One patient said he thought his doctor thought their communication was better also. The majority of all patients reported that the materials improved their communication with their doctors, although six of the 55 patients thought the materials made their communication worse, and ten patients thought the materials made no difference. Most patients reported that the materials helped them feel more confident in asking questions, that they actually asked more questions in this visit than previously, and that they were more pleased with the flow of communication during the visit.

Patients were asked what changes, if any, they would expect at their next visits as a result of using the materials. Eleven patients said they expected no change, but four patients said they would ask more questions, and nine patients said they would prepare ahead of time and bring their booklets and/or lists to the visit. Two patients said they would be more comfortable asking questions without worrying that they were out of line, and two patients planned to talk about things more with their doctors during their next visits.

Most patients said they would use the materials again to prepare for a future visit-82% at Memphis, 71% at Oklahoma City, and 79% at Houston. The large majority of patients preferred using the materials at home instead of in the waiting area. The most frequently mentioned reasons for this preference included:

- **can write things down as they occur to me**
- **less distractions at home, more relaxed atmosphere**
- **can coordinate list at home with family member.**

Two patients noted that they planned to play the tape again in their cars on their way to the hospital for their next visits. Several mentioned that they wouldn't want to go through the whole tape and booklet again, but they would appreciate a one-page checklist with key questions and points from the materials.

Most patients-75% at Memphis, 93% at Oklahoma City, and 85% at Houston-stated that they planned to share the mate-

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rials with family members, especially spouses who could use help talking to their own doctors.

A large majority of patients-94% at Memphis, 89% at Oklahoma City, and 93% at Houston-thought that the VA should provide materials such as these to all patients. Several thought the materials would be especially helpful to patients who are new to the VA health care system, or who are reluctant to speak up with their physicians or to ask questions. Some participants thought that these materials would help foster better relationships between patients and doctors. However, six patients (five of them at Memphis) thought scarce funds could be put to better use by investing in staff and equipment than in such materials. Some of these patients noted that the key points could be made using less costly materials.

Clinician Perceptions of Materials and Communication Process

During the focus groups, seven clinicians reported that patients had used the booklet during their visits; two of them mentioned filling in the medication chart page for patients. None of these clinicians thought the materials had altered the visit, but most of them were pleased with the patient interaction.

Most clinicians were positive about the idea of patients bringing lists of questions or concerns to the visit. Most reported that they found lists helpful both for themselves and their patients. Clinicians viewed the lists as reflections of some degree of patient interest and concern for their health. At each site, clinicians mentioned that some patients come fully prepared for the visit while some patients just want their refills as quickly as possible.

Some clinicians thought the medication chart in the booklet was particularly useful since patients are often taking multiple medications. One pointed out that it would be good for patients to fill in the chart first with all the over-the-counter medications or non-VA prescribed drugs they're taking because clinicians are often unaware of what other drugs the patient may be taking.

When asked about their experiences discussing treatment choices with patients, the majority of clinicians at all sites reported that veterans don't ask many questions or question anything the clinician says. They also reported that veterans seldom express personal preferences about any aspect of the treatment plan.

Readers who would like more information about these materials or other products to help patients prepare for clinical visits may contact:

Rose Mary Pries**, DrPH, Program Manager for Patient Education, EES Center, St. Louis, MO; (314) 894-5742.**

FEATURES TO CONSIDER

When developing new materials or screening available materials to help patients prepare for clinical visits, consider these features:

- **interactive-space for patients to write down their questions**
- **conversational-for example, "What things do you want to talk to your doctor about today?" (for audiotapes, several voices should be used to hold the listener's interest)**
- **multiple use-format allows patients to record questions/answers over several visits; or provide multiple copies per patient if materials are designed for only one use**
- **flexible and portable-so patients can use the materials at home, in the waiting area, or (if audiotape) in the car on the way to the clinic**
- **easy to use-text at 6th grade reading level, straightforward style, bold headings to indicate major topics, large font (14 pt.) for text**
- **clear visuals-simple photos or graphics, color to highlight key points**
- **gives examples-sample wording for questions patients may want to ask**
- **discusses feelings-acknowledges why patients may be uncomfortable asking questions and offers ways to resolve patient concerns**
- **provides choices-sections to cover special interests or concerns for patients who want that information, e.g. referral to a specialist.**

HOW DO WE KNOW PATIENT EDUCATION WORKS?

Management of Chronic Disease by Practitioners and Patients: Are We Teaching the Wrong Things?

A search of published articles on managing asthma revealed that neither patients nor practitioners are taught the skills that will most enable them to carry out their roles and responsibilities for disease management.

The goals of asthma management are to control symptoms, restore full physical and psychosocial functioning, and eliminate interference with social relationships and quality of life. The authors contend that these goals require a full partnership between practitioner and patient. Patients must be able to use prescribed drugs properly to prevent or control symptoms, develop and maintain family and other social support, and communicate effectively with health care providers. Because asthma management is dynamic, patients must develop their own repertoires of effective behavioral strategies and exercise a high degree of independent decision making that allows them to change or refine strategies as needed within their doctor's general guidelines.

The authors argue that most asthma patient education programs, whether formal or informal, fail to adopt and adapt existing programs of proven value, and fail to see management by patients as a behavioral process based largely on an individual's ability to self-regulate. Effective patient education should allow patients to develop the capacity to observe themselves, make sensible judgments, feel confident, and recognize desirable outcomes.

The authors point out that postgraduate programs on asthma for doctors focus almost solely on therapeutic recommendations to doctors, excluding attention to communication and education skills and techniques that would help them prepare their patients for effective asthma management.

Tables accompanying the article list 18 adult and 18 pediatric programs that have been well-designed and have produced positive outcomes. The authors also list 10 proven techniques to improve communication and patient education.

Clark, NM and Gong, M. (2000) Management of chronic disease by practitioners and patients: are we teaching the wrong things? British Medical Journal. 320: 572-575.

PATIENT EDUCATION/ PRIMARY CARE PROGRAM NOTES

Social Work on the Web

The internet is changing how social workers gather community services information for patients and their families. In the past, the process involved manually checking resource directories that were published infrequently, then calling around to update information on available services, hours, location, and contact persons. Patients would eventually get the information as a hand-written note, but sometimes only after a considerable amount of searching.

Now the process is much faster and patients get better service. As Nancy Hill, Lead Social Worker in Primary Care at the VAMC in Charleston, SC, describes it, "I can call up websites for local, state and federal agencies and quickly get current listings of their services, hours, location, and contact persons. For social security questions, for example, I can enter the patient's zip code and get information on the office nearest to the patient. Then I can use mapping software and give the patient a detailed map from his/her home to that office. Patients really appreciate this kind of help."

Finding a nursing home is often a challenging task for everyone involved. Two websites that help make the search more manageable are Nursing Home Compare and Medicare Compare. These sites list inspection findings for nursing homes and their plans to correct deficiencies. They also list numbers of Medicare and Medicaid beds at each site and whether the home is individually owned or part of a multi-site organization. According to Hill, it's easy for social workers to find and print the general information for patients and/or their families.

"In our area, the old resource directory and hotline have been replaced by a new database that lists over one thousand non-profit organizations that offer community services. We can quickly get information on whatever service a patient may need, from vocational rehabilitation to food stamps to help with utility payments, just to name a few. It's less time consuming for staff to gather the information now."

Through their VHA e-mail groups and conference calls, social workers share information about helpful sites and compare notes about doing web searches for patients and families. Bookmarking sites is an efficient way to locate useful sites for future searches. "I use that feature a lot," says Hill who adds jokingly, "I never dreamed I'd be queen of the internet!"

For further information contact:

Nancy Hill, MSW, Lead Social Worker in Primary Care, Charleston VAMC; (843) 577-5011 ext. 7027.

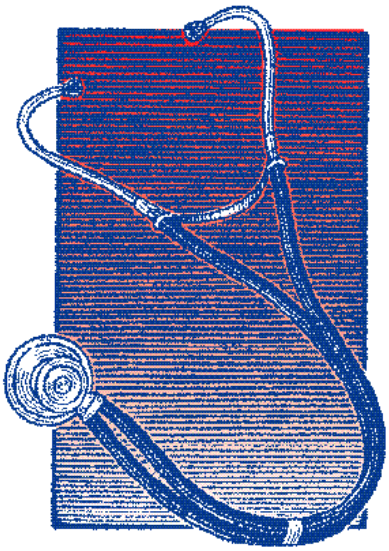
Plans for a VHA Clinic Management Institute

The planning committee for the Clinic Management Institute (CMI) met in New Orleans, September 27-29, 2000 to discuss the purpose and the scope of the proposed institute. The meeting was initiated by the Office of Primary/Ambulatory Care, in collaboration with the Employee Education System. Dr. Mark Stanton, Chief Consultant, was in attendance along with several physicians, educators, and clinic managers.

The overall goal of the project is to establish a means to fill the gaps that are created by staff turnover. The future managers of VHA need to be well prepared to be innovative and effective as the dynamics of change occur. The CMI will employ various modalities to teach leadership/supervisory skills and effective use of tools to local facility or VISN staff to identify and resolve local problems. One such modality will be the use of case studies based on the local situation.

The CMI will parallel two other VHA initiatives:

- the Shared Decision Making Notice which was prepared by the Office of Primary and Ambulatory Care, and the supportive learning packages for various groups which were developed by EES



- the PC Consultant Teams which respond to requests from a VISN or facility to have a team visit the site and identify recommended strategies to solve or alleviate problems identified by the facility.

Priority tasks for the planning committee are to prepare a request seeking approval for the CMI, and to seek EES support for the project.

Potential topics for the clinic management institute were identified through a discussion of results from the recently completed CMI survey, along with input from several interested field staff. The preliminary list of topics includes:

- Operational issues: process evaluation, resource utilization, integration issues etc.
- Effective leadership and supervision: effective communication, creativity, decision making, leadership and supervisory skills
- Personal growth and development: personal mastery, technical skills, interpersonal effectiveness
- Performance measurement and improvement: data management, benchmarking, process evaluation, data presentation, utilization management, adapting to change, making change.
- Organizational mission and responsibility: What is VA?, special needs of veterans, VA organization and operation, understanding and working with upper management
- Patient care issues: disease management, preventive medicine, continuum of care, patient-clinician relationship, shared decision making.

Suggested faculty and mentors were tentatively identified. Communication processes were established, including bi-weekly conference calls to keep members aware of the current status of the project.

Participants at the September meeting included:

Mary Averill, MD, ACOS for Ambulatory Care, VAMC East Orange, NJ

Diane Banta, Administrative Officer, Primary Care Program, VAMC Charleston, SC

Joyce Caldwell, Health Systems Specialist, VAMC Atlanta, GA

John Derderian, Computer Specialist, OI Field Office, Albany, NY

Mildred Eichinger, RN, MPH, Clinical Program Manager, Office of Primary and Ambulatory Care, Washington, DC (co-chair)

Eina Fishman, MD, Chief, Medicine Service, VAMC Spokane, WA

Cheryl Fitzgerald, NP, Associate Chief, Managed Care, VAMC Providence, RI

Lois Anne Katz, MD, ACOS for Ambulatory Care, VAMC New York, NY

Rivkah Lindenfeld, RN, PhD, Program Manager, EES Center, Northport, NY (co-chair)

Vic Malabonga, MD, Staff Physician, VAMC Temple, TX

Sara McVicker, RN, Clinical Program Manager, Office of Primary and Ambulatory Care, Washington, DC

Rose Mary Pries, DrPH, Program Manager for Patient Education, EES Center, St. Louis, MO

David Reagan, MD, PhD, ACOS for Ambulatory Care, VAMC Mountain Home, TN

Mark Stanton, MD, MHS, Chief Consultant, Office of Primary and Ambulatory Care, Washington, DC

Michela Zbogar, MD, Chief of Staff, VAMC Lebanon, PA.

For further information contact:

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Rivkah Lindenfeld, RN, PhD, Program Manager, EES Center, Northport, NY; (631) 754-7914 ext. 2889.

Performance Improvement Training

Every quarter, *Patient Education in Primary Care* will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

- **Read the entire January 2001 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter**

OR

- **Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.**

QUESTIONS:

1. **To what extent do patients at your facility prepare for their visits with clinicians? What do you think are the factors in your facility and/or among your patients and clinicians that promote or hinder effective communication?**

2. **What initiatives would be most effective at your VA facility to enhance communication between patients and clinicians?**

3. **What ideas do you have for using the internet to help patients find the information they need to manage their health problems?**

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

Barbara Hebert Snyder
(216) 691-9393
snyderbarbara@msn.com

Carol Maller
(505) 265-1711 ext. 4656
carol.maller@med.va.gov

Charlene Stokamer
(212) 686-7500 ext. 4218
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TELL US ABOUT THE TOPICS YOU WOULD LIKE TO SEE COVERED IN FUTURE ISSUES.

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

Dennis Cope, MD
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Carol Maller, MS, RN, CHES
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Starting with this issue, the newsletter is being transmitted electronically to VHA staff. To add colleagues to the distribution list, contact your local patient education coordinator or committee chairperson. The newsletter is also available on the VHA Primary Care website at

http://vaww.va.gov/med/patientcare/primary/index.cfm/

OFFICE OF PRIMARY AND AMBULATORY CARE